

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>10/12/01</i>	<i>5/13/00</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>5/13/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>7/14/71</i>	<i>6/28</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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